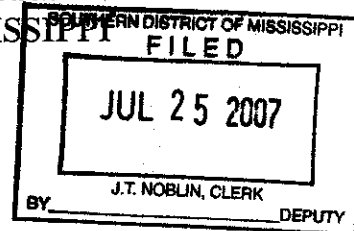


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT

James Calvin Brown(Enter above the full name of the plaintiff or plaintiffs and prisoner
number of each plaintiff in this action)

V.

CIVIL ACTION NUMBER:

1:07cv 902 LGJMR
(to be completed by the Court)

Harrison County Sheriffs Dept.
Harrison County Adult Detention Cntr. Medical Staff
George Payne Jr.
MS. Pat Olsen

(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes () No (X)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: Ø
 - Court (if federal court, name the district; if state court, name the county): Ø
 - Docket Number: Ø
 - Name of judge to whom case was assigned: Ø
 - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Ø

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: James C. Brown Prisoner Number: 294903
 Address: 10451 Larkin Smith Dr. Gulfport, MS. 39503

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Mrs. Pat Olsen is employed

as

Director over Medical at Harrison
County Adult detention Center

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF(S):

NAME: James C. Brown

ADDRESS: 10451 Larkin Smith Dr.
Gulfport, MS. 39503

DEFENDANT(S):

NAME: H.C.S.D.

ADDRESS: .

H.C. Medical

10451 Larkin Smith Dr.

Pat Olsen

Gulfport, Miss.

George Payne

39503

ATTACHMENT TO FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes _____ No X

B. If your answer to A. is yes, describe the conviction in the spaces below.

1. Name and location of court which entered the judgment of conviction

Ø

2. Date of judgment of conviction and the sentence received

Ø

3. Date of the sentence

Ø

C. Are you presently incarcerated for a parole or probation violation?

Yes _____ No X

D. If your answer to C. is yes, describe the parole or probation in the spaces below.

1. Date of your parole or probation

Ø

2. Date of your arrest for parole or probation violation

Ø

James E. Brown
SIGNATURE OF PLAINTIFF

ADMINISTRATIVE REMEDIES PROGRAM

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes () No (X)

B. Are you presently incarcerated for a parole or probation violation?

Yes () No (X)

C. Did you present the facts relating to your complaint in the administrative or grievance procedure in your institution?

Yes (X) No ()

1. If you answer to C is yes,

a. State the date your claims were presented: 7-10-07

b. State how your claims were presented. (Written request, verbal request, request for forms)

Grievance Procedure

c. State the result of that procedure. (You must attach a copy of the final result, such as a certificate from the administrator of the Administrative Remedies Program stating that you have exhausted your administrative remedies.)

We Are Sending Copys of Grievance

2. If you have not filed a grievance, state the reasons: _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

on 1-22-07 I Shipped ~~to~~ And fell on floor because of Leaking roof, they took me to medical, medical took X-RAYS of Collar Bone And Said there WAS Nothing Wrong, I have been Sending medical Request forms in Since the Accident. I have been to medical 7 or 8 times And Every time I Went they told me Nothing WAS Wrong with my Collar Bone. on 7-18-07 I Went to the Gulfport Hospital Emergency room they took X-RAYS

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Compensatory DAMAGES
Punitive DAMAGES
Injunctive DAMAGES

Signed this 19th day of July, 20 07

James C. Brown
Signature of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

7-19-07
(Date)

James C. Brown
Signature of plaintiff

Signature of plaintiff

And the Emergency Room Doctor (his name is Dr. John Raff) said my Collar Bone was out of socket. he said that if my Collar Bone would have went inward it would crushed my Wind Pipe. the Sheriff's Dept. is involved by the Leaking roof, the medical staff for malpractice because of poor judgement. George Payne for hiring medical staff. And ms. Pat Olsen medical Administrator.